State of California Health and Human Services Agency

PAGE C APPLICATION FORM

Department of Health Services Food and Drug Laboratory Branch 850 Marina Bay Parkway, G365 Richmond, CA 94804-6403

FORENSIC AND BREATH ALCOHOL ANALYSES

(Important: Refer to the Title 17 regulations before filling out this page. Type or print in ink)

Na	me of Laboratory:				
•	Does this laboratory train forensic alcohol analyst trainees? Yes No Laboratories answering "Yes", complete Sections a) and b) below.				
	a) In accordance with the requirements of Section 1218 of the Regulations, please provide a summary of your laboratory's training course for forensic alcohol analyst trainees. Your laboratory's training course summary must show that trainees receive the type of training set forth in Sections 1216.1(f)(2) and 1216.1(f)(3). Attach additional sheets if necessary.				
	b) List names of instructors and their qualifications:				
	Door this laboratory pa	wform pariodic determination of aca	uppay of instruments for breath al	pohal analysis? TVas T	No
۷.	Does this laboratory perform periodic determination of accuracy of instruments for breath alcohol analysis? Yes No Laboratories answering "Yes", complete this section:				
	Instrument, Model and Manufacturer	Name and Address of Agency for which this Work is Performed	Person in Agency Responsible for Requesting this Work	Person(s) in Laboratory Supervising this Training	How many Instruments?
	a) For each type of instrument, describe the determination of accuracy that your laboratory provides. Your description must demonst full and explicit compliance with the regulations, in particular, with Sections 1221.4(a)(2), 1221.4(a)(6), and 1222.1(a)(6). Only instruments listed by the Department in accordance with Section 1221.3 can be named. Attach additional sheets if necessary.				
	Does this laboratory train persons to operate breath testing instruments breath alcohol analysis? Yes No Laboratories answering "Yes", complete this section:				
	Instrument, Model and Manufacturer	Name and Address of Agency for which this Work is Performed	Person in Agency Responsible for Requesting this Work	Person(s) in Laboratory Supervising this Training	How many Instruments?
	description must der	rument, describe in accordance with monstrate full and explicit compliand ttach additional sheets if necessary.			